

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Maryland USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00581777 </div>
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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

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Y Y Y Y
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Full Name of Payee Red Maverick Media		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2016</div> </div>	
Mailing Address 403 N. Second St. Fl. 2		Amount <div> <div>Amount</div> <div>41814.00</div> </div>	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4336 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2016</div> </div>
Purpose of Expenditure Direct mail		Category/ Type	<div> <div>Category/Type</div> <div>004</div> </div>
Name of Federal Candidate AMIE HOEBER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Calendar Year-To-Date</div> <div>874372.00</div> </div>	District: <u>06</u> State: <u>MD</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Red Maverick Media		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2016</div> </div>	
Mailing Address 403 N. Second St. Fl. 2		Amount <div> <div>Amount</div> <div>41814.00</div> </div>	
City	State	Zip Code	Transaction ID : SE.4337 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2016</div> </div>
Harrisburg	PA	17101	
Purpose of Expenditure Direct mail		Category/ Type	004
Name of Federal Candidate AMIE HOEBER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div> <div>Amount</div> <div>916186.00</div> </div>			

(a) SUBTOTAL of Itemized Independent Expenditures.....	83628.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	83628.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joel Riter

[Electronically Filed]

Date _____

Signature